



ROSS MILLER
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

Nevada State Business License Partnership Application

Online application is also available at
www.nvsos.gov

USE BLACK INK ONLY - DO NOT HIGHLIGHT

PRINT LEGIBLY OR TYPE ALL INFORMATION

ABOVE SPACE IS FOR OFFICE USE ONLY

Completing this form **DOES NOT** relieve you of any statutory or regulatory requirements relating to your business. You may be required to complete a Nevada Business Registration form with the Nevada Department of Taxation and Department of Employment, Training and Rehabilitation. Please check with these and other state/local government agencies for additional licensing requirements.

* Asterisks indicate **required** information. Incomplete forms will be rejected.

INSTRUCTIONS:

1. This application is for the use of partnerships doing business in Nevada.
2. If you are exempt from the requirements of the State Business License pursuant to NRS 76.020 **DO NOT** use this form. Please submit a State Business License Exemption form.
3. Return the completed application with the \$200.00 business license fee. **Refunds are not available on improperly filed applications.**
4. **File online at www.nvsos.gov** or return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
5. If paying by check, make your check payable to the Secretary of State. If paying by credit card, you must complete and attach an ePayment Checklist available at www.nvsos.gov in the Forms Library under the Resources section of the Business Center.
6. A partner of the partnership applying for the State Business License must sign the application. **FORM WILL BE RETURNED IF UNSIGNED.**

1*	Signature must be that of a partner of the partnership. I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.				
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	First Name	Middle (Optional)	Last Name	Suffix	Title
	X <input type="text"/>		<input type="text"/>		
	Signature of Partner		Date		
2*	Partnership Name <input style="width: 90%;" type="text"/>				
3	You may add up to four businesses associated with this partnership. Entries into this section <i>do not</i> relieve you of other business license or DBA filings required by local/county offices.				
	Business Name(s)	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>	4. <input type="text"/>
4*	Physical Address <input style="width: 40%;" type="text"/>				
	Physical Street Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		City	State	Zip Code	
5	Mailing Address (if different) <input style="width: 40%;" type="text"/>				
	PO Box or Street Address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		City	State	Zip Code	
6	Entity Phone (<input type="text"/>) <input style="width: 150px;" type="text"/>				
7	Email Address <input style="width: 300px;" type="text"/>		<input type="checkbox"/> Check here to receive notices electronically		
8	Taxpayer Identification # (Dept of Taxation Issued TID) <input style="width: 150px;" type="text"/> (Do Not provide Social Security Number)				